AMNET NEWS

Issue 59 Summer 2014

Spring Meeting

Held at Addenbrooke's Hospital in the Boardroom on Saturday 5th April 2014

UNIVERSITY OF CAMBRIDGE

Brian C.J. Moore, Ph.D, FMedSci, FRS.
Emeritus Professor of Auditory Perception.
Department of Experimental Psychology.

"What you lose when you only have one working ear and what to do about it"

We were delighted to welcome Professor Brian Moore to speak to AMNET members at our Spring Meeting and also delighted to see such a large number of members present to hear a talk on a subject that is relevant to us all. As one member has already commented – "Brian was a brilliant speaker who explained complex concepts clearly in plain English". To that comment I would add, that it was a pleasure to listen to a good-humoured explanation of terms about hearing by someone who understands what it is like to have single-sided hearing loss.

Professor Moore has been carrying out research into the perception of sound since 1968 and has had audiograms since then. Ten years ago he had a vestibular schwannoma (acoustic neuroma) and had Gamma Knife treatment and subsequently lost the hearing in that ear. He also has a slight high frequency hearing loss in his hearing ear, which he jokingly blamed on his 'rock band' history. This subject is technical, so I apologise for the use of technical terms, but they are necessary to convey the details of information that was discussed. Professor Moore started his talk by explaining the science behind the problems we face, and gave his presentation in two parts.

Part 1 -The benefits of having two ears

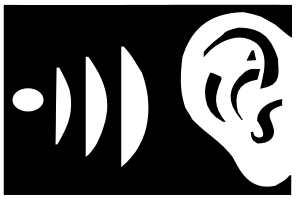
Sound localisation –With two hearing ears, it is possible to detect a shift in the angle of a sound relative to the head of only 1°. When the sound comes from directly in front – **Azimuth** (0°) or behind (180°), there is no difference in level at the two ears. When the sound comes from the side (90°), there is a difference in level at the two ears for high-frequency sounds; the head casts a kind of acoustic shadow, so the sound is more intense (higher in level) at the ear facing toward the source. This difference is called the **interaural level difference (ILD)**, and it is this difference that provides the cue for the brain for the

Next Meeting

Our next meeting, which will also be the **AGM,** will be held on **Saturday 21st June 2014** in the **Boardroom at Addenbrooke's Hospital**. Doors will be open at 13.00 and the **AGM** will start at 13.30. This will be followed by a presentation by our guest speaker **Cornelius Rene, MBBS, FRCOphth.,** Consultant Ophthalmic and Occuloplastic Surgeon at both Addenbrooke's and Hinchingbrooke Hospitals, Cambridge.

localisation of high-frequency sounds. When sound comes from directly in front (0^o) or behind (180^o), there is no difference in time of arrival at the two ears. When the sound comes from the side (90^o), there is a difference in time of arrival at the two ears. Sound travels at a finite speed and two ears will receive the sounds at different times and interpret these differences, which can be as small as 10 millionth of a second. This difference is called the **interaural time difference (ITD)**, and it is this difference that provides the cue for the brain for the localisation of low-frequency sounds, below about 1500 Hz. The **Duplex theory** proposed by Lord Rayleigh (1907) provides an explanation for the ability of humans to localise sounds by time differences between the sounds reaching each ear (ITDs) and differences in sound level entering the ears (ILDs). In cases of single-sided deafness (SSD), neither of the ILD or ITD cues are available – sound localisation is poor.

Role of the pinna



(outer ear) – Sounds enter the ear canal via a direct path and via reflections from the pinna (and torso). Interference between the direct and reflected sound creates peaks and dips in the spectrum at the eardrum. The pattern of peaks and dips is unique for each direction in space. The pattern of peaks and dips in the spectrum is important. Pinna cues help to resolve front-back and up-down confusions. Pinna cues occur mostly at high frequency, and unfortunately as we age, the ability to hear and to distinguish high-frequency sounds decreases, so pinna cues are less useful. An older person with SSD cannot use binaural cues and may have a reduced ability to use pinna cues – this leads to very poor localisation of sound.

Head shadow effects – At high frequencies the head casts a sound "shadow". When a target sound comes from a different direction from interfering sounds, the listener can attend to the ear with the better signal-to-background ratio – this is called the **better ear** effect. In a room full of people, a person with hearing in two ears can choose which conversation to listen to and the brain can select whether to listen to a conversation from the left or the right – switching from one to the other, whichever the listener finds to be more interesting. With SSD the better-ear effect is lost.

Binaural unmasking – It is easier to detect a signal in a background sound whenever the signal and background have different spatial locations. The effect also occurs for speech, making it easier to understand speech in the presence of background sounds coming from different directions. The effect depends on the brain comparing signals from the two ears. With SSD there is no binaural unmasking.

Echo suppression – A further aspect of the localisation of sound in a room can be explained by the sound from a source arriving at the ear first, followed by reflections (echoes) from the surfaces of the room. We are not normally aware of the reflections, although they do influence subjective sound quality. Direct sounds and echoes are fused and perceived as a single sound. This effect is called **echo suppression**. The judged direction is based mainly on the direction of the direct sound – the part that reaches the ears first. This is called:

- The "precedence effect" (Wallach et al., 1949)
- The "Haas effect" (Haas 1951)
- The "law of the first wavefront" (Blauert, 1997)

The precedence effect and echo suppression depend mainly on binaural hearing – comparison of signals at the two ears. Echo suppression is greatly reduced or absent for people with SSD. Localisation is poor in reverberant rooms and room reverberation and echoes are much more noticeable and bothersome. The intelligibility of speech in reverberant rooms is greatly reduced.

Part 2 -Alleviating the problem

There are no magic cures, but a number of aids are available which might help. The effectiveness of each may depend on the circumstances in which they are used and on individual lifestyle.

CROS hearing aids - work by a contralateral routing of sound, where a microphone, usually mounted in a behind-the-ear device, picks up sound on the deaf side. Sound is transmitted (via a wired or wireless link) to an aid on the better-hearing side.

The wireless (digital) aids tend to be heavy in battery use when the aid is in continuous use – the microphone device battery will last for 1-2 days and the receiving aid device battery will last for 7-8 days. In these devices the quality of sound is getting better.

Bone anchored hearing aids (BAHA) – A pedestal is fixed in the skull on the deaf side and the BAHA is attached to the pedestal. A microphone in the BAHA picks up the sound, amplifies it, and vibrates the pedestal. The sound is then transmitted through the bones of the head to the better-hearing ear. Transmission of signals through the skin (to an implanted magnet) is also possible. [Please also refer to the last Newsletter, Issue 58, where Mr. Donnelly told us of a new device called a Bonebridge that is now available. This device has two parts – an implantable internal vibrational part and an external speech processor. This new device can be used to replace the standard BAHA].

The Soundbite – This is a new technology which has been developed in the U.S.A. which should be available to us in the next year. A microphone at the entrance to the ear canal on the deaf side picks up the signal and feeds it to a behind-the-ear hearing aid. In this device, sound is received in the ear, so pinna cues are present in the microphone signal. The amplified signal is transmitted via a wireless link to a receiver clamped around a rear molar (tooth). A vibrator in the tooth-mounted part transmits the signal through the bones of the head to the better-hearing ear. The wireless receiver would need to be fitted by a dentist to ensure correct fit, but is removed at night for cleaning and contains a re-chargeable battery.

What aids for SSD do and do not do

Aids for SSD can partially overcome the adverse effect of head shadow, e.g. when trying to hear a talker on the deaf side. However, aids for SSD do not restore the ability to localise sounds in azimuth based on ITDs and ILDs; they do not enable binaural unmasking and the ability to use glimpses of conversation from each ear (as in a crowded room); they do not enable echo suppression and the precedence effect. In fact, aids for SSD can make things worse in very noisy situations.

Listening strategies –

- When sitting at a table with a group of people, sit in a corner position, so that nobody is on your deaf side.
- When in a restaurant, try to sit close to a wall and sit so that your good ear is facing away from the main sources of noise
- Do not be afraid to tell people that you are deaf in one ear.

Questions and Answers

Volume control **is** possible with a CROS aid and so is the use of Loop systems. A BAHA works best for medium range frequencies of sound. CROS aids have a better frequency range and the quality of sound has improved in recent years, although there is still room for improvement. The Soundbite has a wide frequency range with low distortion and a clean sound. It can help in moderately noisy situations. A CROS aid can be useful in a car, but its effectiveness depends on reflections of sound from the dashboard and windscreen, and this varies from one car to another. In a cinema, where sound tends to be very loud, it can be helpful to remove your hearing aid(s) and to use musicians' ear plugs, which will turn down all frequencies equally, without affecting the tone quality of the sound.

Professor Moore is happy to answer any further questions you might have or to clarify details contained in this report. He can also give further details of references quoted, for those who wish to read further.

Contact details for Professor Moore are:

bcjm@cam.ac.uk

or telephone: 01223 333574.

Cyberknife Patient No 1 – Three years on
Helen Bush – *April 2014*

Helen on holiday in Ireland during 2013

In July 2011 I was treated for my acoustic neuroma at the new Cyberknife Unit at St Bartholemew's Hospital, London (see my previous article in the Spring 2012 AMNET Newsletter, No 53). Here is an update of events that have taken place since then.

After the initial euphoria and feelings of optimism surrounding this innovative treatment, within three months I had lost the hearing in the affected ear, the vestibular function was defunct and I experienced tinnitus in that ear. One of my main fears was loss of hearing, as I am a musician and Dr Plowman had planned the treatment to retain this. At the follow up appointment he noted that this had not been possible and expressed his hope that at least the tumour would have stopped growing. I was then referred back to Addenbrooke's for future care.

Over the next few months my balance seemed to deteriorate even further and vestibular rehabilitation was undertaken at Addenbrooke's Hospital. The problem of balance for me, which manifests itself as being in a permanent drunken state, was exacerbated by a total knee replacement in June 2012, and resulted in a fall on the day of discharge from that surgery. Facial twitches then gave rise to concern, along with problems with my eye gumming up, and after seeing the local consultant in Cambridge, it was decided to bring my MRI scan forward, to identify whether the growth of the neuroma had been halted. The scan revealed that the neuroma was stable and further vestibular assessment confirmed that there was no remaining function on the right side. Advice and exercises were offered, but these seem to make little difference to the balance problem.

I continue to exercise caution when walking and use sticks to help with balance, but I am able to play singles table tennis and I use a dog ball retriever for picking up the balls, which lessens the dizziness on bending. I am still in a perpetual state of 'drunkenness' when on my feet, and gardening is problematic. My right eye waters when I eat and I experience periodic mood swings still.

Staff members that I have encountered in the various departments at Addenbrooke's Hospital, have been very supportive and have reassured me that I can self-refer at any time if I feel that to be necessary. I attend the Cambridge Tinnitus Support Group and have been attending the Lip Reading Class, run by Audiology at Addenbrooke's Hospital, since last September, and find this to be useful and supportive. I have resumed singing in choirs, but find it difficult to hear the voices around me, and my own too. I have learnt to position myself in a concert hall to the best advantage [please see "Helpful Hints" on page 7 about this], but still find theatre difficult. The Single-Sided Deafness Clinic at Addenbrooke's issued me with a CROS hearing aid, which transfers sound to the hearing aid on the left, but this does not help with the disorientation problem for me. My next MRI scan is in May 2014.

On a positive note – I am thankful for all the treatment and support that I have received from all parties within our superb NHS system, and can only say that despite the frustrations encountered, it is amazing how the human body is able to adapt to disabling conditions and maintain a decent quality of life, with the support of understanding family, friends and groups such as BANA and AMNET.

[*Thank you Helen for sharing this update of your experience since the Cyberknife treatment you had for your vestibular schwannoma. Ed*].

Facial Palsy UK News

In their Spring Newsletter, dated 18th March 2014, you will be able to read how the charity is progressing. Besides East Grinstead, there are now Support Groups established in Bristol, Manchester, and Newcastle. Hopefully there will be one in the Cambridge area in the near future.

Do go on-line (see back page for address) and read the newsletter, which contains personal stories, which many find very useful. In this edition there is an article by Sylvia (now 31), from South London, who was diagnosed with an acoustic neuroma when she was 20. She tells of her life since then and her journey through facial re-animation. Also featured is a Cambridge University student, Amelia Tearle, who experienced a sudden episode of Bell's Palsy, when she was 21, about to submit her dissertation and had impending Cambridge finals. Although the paralysed left side of her face is largely returned to normal now, Amelia made the following statement, which I find moving:

> "The key to being comfortable with our appearance, even if it changes dramatically and unexpectedly, is to reconcile our own identity with the one we project to the world through our face and body."

Cambridgeshire Hearing Help (formerly CAMTAD)

In the last Newsletter I let you know that as from 1st January 2014 CAMTAD will be known as **Cambridgeshire Hearing Help**. Their Director, Frances Dewhurst, has contacted me to say that their new e-mails are now up and running and for general enquiries their e-mail address is now:

enquiries@cambridgeshirehearinghelp.org.uk.

I have amended our back page accordingly. In their latest Newsletter I found the following information about a captioned outdoor performance of Shakespeare, which I thought might brighten your day. Grateful thanks to Cambridgeshire Hearing Help for enabling me to relay this information to our readers.

Open air Shakespeare captioned performance

All that glitters is not gold, but this may well come close, Ed!

What a wonderful opportunity! This summer, **Shakespeare at the George** (SatG) will offer a captioned performance of their production of ***The Merchant of Venice*** at the George Hotel in Huntingdon. The company will become only the second amateur company in the country to offer theatre captioning for an open-air Shakespeare production – something which will offer those with hearing difficulties an opportunity to enjoy live theatre. For those who have not been to this venue before, the play is enacted in the George's unique Jacobean courtyard, just as Shakespeare plays would have originally have been acted out.

The theatre captioning is similar to television subtitling, and will be delivered by STAGETEXT, which also provides captioning to Shakespeare's Globe and other theatres like The National Theatre.

The production will run from Tuesday 24th June – Saturday 5th July (no performance on Sunday 29th June). There will be one performance which features subtitles and this will be on **Tuesday 1st July at 7.30**. It is recommended that those who wish to make the best of their experience with STAGETEXT, that you book central seats between rows F and L. Tickets are on sale from February for the Tuesday evening production, as well as the rest of the two week run.

The address of the George Hotel is: 1 George Street, Huntingdon, Cambs. PE29 3AB. For a treat you might like to have a pre-performance meal or even stay for the night. For further details:

Contact: **www.satg.org.uk**

or telephone: **01480 432444**

Special Section on Tinnitus commissioned in **ENT and Audiology News**

Dr David Baguley

In the January/ February 2014 issue of ENT and Audiology News (pages 81-105), a special section on tinnitus was commissioned and the ENT and Audiology Editor, Dr David Baguley, says of the issue:

"As part of my role as an editor on ENT and Audiology News, I was pleased to be able to commission a special section on tinnitus. I was very grateful to the eminent clinicians and scientists who gave up their time and energy to this project, in which I hoped to be able to capture some present perspective on tinnitus. Whilst written for a professional audience, all articles are accessible to a lay person. The publishers of ENT and Audiology News, "Pinpoint", have graciously and generously agreed that the section can be made widely available to the tinnitus community, professionals and patients alike".

To access this information, which I viewed on the British Tinnitus Association Website contact:

www.tinnitus.org.uk/ent-and-audiology-news---tinnitus-issue

On this website address you will be directed to a related document where you can download the ENT and Audiology News Jan/Feb 2014 Tinnitus Section. Dr David Baguley at Addenbrooke's Hospital, has given permission for this information to be relayed to readers of AMNET News.

There is a lot of information included in the commissioned section, so I am only able to include a list of contributors and the topics they studied. These include:

- **"Are We Making Progress on Tinnitus?" – Mr David Baguley,** Head of Services, Audiology/Hearing Implants, Addenbrooke's Hospital, Cambridge.
- **"What Do Animal Models Tell Us About Tinnitus and Hyperacusis?" – Jos J. Eggermont**, Professor of Physiology, Pharmacology and Psychology, University of Calgary, Canada.
- **"What Does Functioning Neuroimaging Tell Us About Tinnitus?" – Dr Deborah Hall,** Director, Nottingham Hearing Biomedical Research Unit.
- **"Measuring The Pitch and Loudness of Tinnitus" – Professor Brian C.J. Moore,** Department of Experimental Psychology, University of Cambridge.
- **"Questionnaires To Measure Tinnitus Severity" – Kathryn Fackrell, BSc,** PhD Student and **Dr Derek Hoare,** Senior Research Fellow, both from Nottingham Hearing and Biomedical Research Unit.
- **"Intratympanic Treatments For Subjective Idiopathic Tinnitus" – Mr Rishi Sharma,** Luton and Dunstable Hospital, and **Mr Don McFerrann,** Consultant ENT Surgeon, Colchester Hospital.
- **"Drawing Pictures and Telling Stories: treating tinnitus in childhood" – Dr Rosie Kentish,** Consultant Clinical Psychologist, Nuffield Hearing and Speech Centre, Royal National Throat, Nose and Ear Hospital, London.
- **"Selecting And Optimising Hearing Aids for Tinnitus Benefit: a rough guide" – Dr. Grant D. Searchfield,** Head of Audiology, School of Population Health, University of Auckland, New Zealand.
- **"Mindfulness Bases Approaches To Tinnitus Management: meditations on a new approach" – Dr Elizabeth Marks,** Clinical Psychologist, and **Dr Laurence McKenna,** Clinical Psychologist, both from the Royal National Throat, Nose and Ear Hospital, London.

- **"European Funding For The Tinnitus Research Network TINNET" - Berthold Langguth,** Interdisciplinary Tinnitus Clinic, Department of Psychiatry and Psychotherapy, University of Regensburg, Germany.

For anyone who does not have access to a computer and would like to access information contained in any of the presentations in the special section, our Chairman, Alison Frank, has a subscription to this journal. As a Charity, we are prepared to use funds to provide photocopies of these articles, and to send them to members unable to access a computer. For further details, contact Alison (details on our back page).

News from BANA

From 1st March 2014, BANA will be crossing the border into Derbyshire to take up a new office space in council supported Tapton Park Innovation Centre in Chesterfield, which provides development assistance to small businesses as part of its office facilities.

They decided on Chesterfield for a number of reasons, but principally because of its rail links, as it's on a main line. Many trustees utilise rail cards, with a discount for their hearing impairment, and this is not only a cheaper option, but the ease of travelling this way helps those with fatigue, when there is still a long meeting ahead after the journey. The new office is only a mile from Chesterfield station, so it is ideally placed.

The centre is managed by a friendly administration team, who provide reception services for everyone working out of the building, including franking mail and taking telephone calls when BANA calls cannot be answered during workday hours. They will be retaining their telephone number, Freephone number, E-mail and Website addresses, but their postal address has changed to:

BANA,
Tapton Park Innovation Centre,
Brimington Road,
Tapton,
Chesterfield, S41 OTZ.

Good luck in your new home BANA from your AMNET colleagues in the Cambridge area.

BANA AGM & National Meeting

Saturday 28th June, 2014 from 10.30 to 3.30
at:
The Queen Elizabeth Hospital, Birmingham (QEHB), in the Education Centre

Delegates will be provided with refreshments throughout the day. Costa Coffee and WH Smith are located near reception and will be open on the day of the event. There is also a restaurant within the main building.

This special event will explore the total care pathway for an acoustic neuroma patient, with the aim of assisting to ultimately establish a national standard for the optimum care pathway. **Richard Irving**, ENT Consultant Neurologist Skull Base Surgery, has put a team together scoping all aspects of acoustic neuroma treatment and will showcase the approach taken by his team at QEHB. The views of the patient, as expert, will also be conveyed by BANA members, covering the newly diagnosed through to those who are decades beyond initial treatment. Please contact the BANA office for information on registering your place and for further details.

Helpful Hints

Concert Halls – I have found that if I sit on the right of a hall, with my deaf ear to the brass section and my good ear to the centre of the room, this gives me my best advantage in my hearing experience of the music. *Helen Bush*

At Christmas I attended the Royal Albert Hall and found that by sitting with my hearing ear to the choir/orchestra, near the stage, that it was as if I had two hearing ears! That may have been due to the amazing acoustics in the circular hall. *Sally Hardy*

Theatre – Watch out for "Captioned" performances at theatres. They can utilize STAGETEXT, which is like sub-titles on the TV. In the case of "Shakespeare at the George", featured on Page 5, the theatre will helpfully tell you which seats will offer the best hearing experience to those who want to use this utility. Other theatres may also provide hearing enhancements, so do ask. *Helen Bush*

Revising the constitution

AMNET was first registered as a charity in 1998 and at that time we adopted the standard constitution suggested by the Charity Commission.

Over the years The Charity Commission has become less prescriptive in relation to small charities and now does not require charities with an income of less than £5000 per year to be registered or tender yearly accounts. They have also revised their suggested constitutions and the committee feels that it is appropriate to review our constitution at this time in order to reflect the changes in rules and terminology being used by the Charity Commission, basing it on a template that they have provided for small charities like us.

The committee is proposing that we adopt this simpler constitution along with some slightly revised purposes, which reflect the changing nature of the clinical approach to skull base tumours and will also to allow us to use money that people have collected for us in a way that benefits clinicians working in this field. The proposed new purposes are listed below.

Proposed new purposes for AMNET

- To provide a self-help membership network, with links to Addenbrooke's Hospital, Cambridge UK, primarily for people diagnosed with skull based tumours including Acoustic Neuroma or Meningioma living in East Anglia, their partners, families, carers and friends

- The Network to give support as a forum for information and a mutual exchange of patients' experience in the wide range of symptoms and post-treatment effects of this type of tumour, to accumulate and provide informative literature, organise talks by specialists, participate in statistical and other research and other forms of activity - all directed to the relief of pain, discomfort and an improving quality of life for the patient diagnosed with these comparatively rare head tumours. Where appropriate, the Network to provide information and support to clinical staff working with people diagnosed with skull base tumours and promoting and supporting education and research in such ways as the charity trustees think fit, for the public benefit of the organisation and all who attend Skull Base Units.'

- The new constitution identifies trustees and committee members as the same thing and outlines their role in terms of carrying out the purposes of the charity in a lawful way.

If you have any questions or wish to see a full copy of the draft new constitution please contact me at:

chris@richards2113.fsnet.co.uk

If you want to see the template we have drawn from, or want more information about charities, you can visit the Charity Commission website at:

http://www.charitycommission.gov.uk/

and you will see the template on which I have based the changes at:

http://www.charitycommission.gov.uk/media/94755/gd4text.pdf

We will need to vote on the new constitution at the AGM, so it will be great if we have lots of you there, but if you are unable to come please complete the proxy form and return it to Alison.

Many thanks. Chris Richards (Acting Secretary to the AMNET Committee).

The Acoustic Neuroma and Meningioma Network (AMNET)

Charity Number: 1073908

AMNET AGM

Notice is given of the Annual General Meeting (AGM) of AMNET to be held at Addenbrooke's Hospital on Saturday 21st June, 2014, in the Boardroom. Doors will open at 13.00 hours and the AGM will start at 13.30.

The minutes for the last AGM appeared in the AMNET Newsletter following that AGM (Autumn 2013). The accounts for the last financial year are included with this notice.

Please make every effort to attend the AGM. If you are unable to attend then a proxy form is included with this notice.

AGENDA

Apologies
Minutes of the last meeting
Chairman's Report
Treasurer's report and accounts for last year.
Changes to constitution

Election of Trustees

Present trustees and officers – all are prepared to stand again

Chairman:	Alison Frank
Secretary (Acting):	Chris Richards
Treasurer:	Carol Clothier
Membership Secretary	Rachel Pearson
Newsletter Editor:	Sally Hardy
General members:	Mick Clothier
	Bronwyn Lummis
	Charlie Lummis
Also standing:	Heidi Pratchett

Any other business which may be transacted at an AGM

If a member wishes to ask a question this must be submitted in writing to the Secretary, at the address given below, to arrive a minimum of seven days before the AGM.

By order of the Executive Committee

Chris Richards, Acting Secretary

c/o The Old School House
The Green,
Old Buckenham
Norfolk
NR17 1RR

Dated 12 April 2014

AMNET Accounts 2013 and 2014

	Year End 31 Jan 14	Year End 31 Jan 13
Income	**£**	**£**
Subscriptions	1640.00	1355.00
Donations	477.00	1926.50
Booklet Sales	21.00	22.00
Christmas raffle/ donation	265.20	146.19
Bank Interest	0.21	0.39
Totals	**2403.41**	**3450.08**

	Year End 31 Jan 14	Year End 31 Jan 13
Expenditure	**£**	**£**
Printing	1387.85	946.00
Postage	610.14	450.83
Booklets/BANA	75.50	42.50
Website (Domain name)	30.00	30.00
Miscellaneous	96.74	363.50
Totals	**2200.23**	**1832.83**

Bank Account		
Brought forward	5393.11	3775.86
Carried forward	**5596.29**	**5393.11**

Surplus for year	203.18	1617.25

AMNET AGM: Proxy Form

To: The Secretary
c/o The Old School House,
The Green,
Old Buckenham,
Norfolk
NR17 1RR

(Please tick boxes as applicable. Leave blank those that do not apply)

I will be unable to attend the Annual General Meeting ☐

I wish to give my discretional proxy to the Chairman ☐

I wish to give my discretional proxy to …….. (insert name) who will attend the meeting ☐

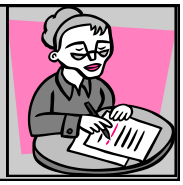
I confirm I am a member of AMNET.

Signed: ……. Name (Please Print) ……

Date: ……

If you are using this proxy form, please send to the Secretary, at the address given above, to arrive a minimum of seven days before the AGM.

Editorial



We had a wonderful turnout at our last meeting, when Professor Brian Moore came to speak to us about "What you lose when you have only one working ear" – we had to send out to other rooms for more chairs! As Brian had a vestibular schwannoma himself, he was able to speak with understanding and conviction about the changes we face with single-sided deafness. We were very grateful to him for giving up his Saturday afternoon to come and speak to us.

We are trying to change our Constitution, so please make every effort to either attend the next meeting, which will feature our AGM, *or* make sure that you return your proxy vote. There is a lot of behind the scenes work that goes on within the Committee on your behalf, and your interests as members of AMNET remain our mission - we need your vote to ensure your representation.

It was very generous of the British Tinnitus Association and David Baguley to enable us to share the information about tinnitus with you all. I hope you find the information useful.

Please send me any articles or references to articles that you think other members might find useful. Thank you to Helen Bush for her update – do any other members wish to tell us about their experiences, either in an article or as a "Helpful Hint"? If so please contact me (details on back page).

If you have previously made a note of our meeting dates, please note that it is has been necessary to **change the dates of the Summer and Autumn Meetings**. Do please make a note in your diaries/calendars.

Sally Hardy, Editor

Change of Address of Personal Circumstances

When distributing our last Newsletter, our Treasurer, Carol Clothier, requested that any undelivered Newsletters be returned. We were surprised to receive 13 returns, from where people had moved or their circumstances had changed. Please make a point of letting Carol know any changed details when you return your annual subscription payment, or contact any Committee member and we can make sure you receive your Newsletter at your new address.

Fundraising and Donations

We are very grateful for donations of £100 from Paul Clifton; £210.20 from Harwich and Dovercourt High School and £115 from Maddie Kilgour to date. One of our members, Alison Parkes has also been having some fun whilst fundraising - in January 2014 she organized a quiz at the primary school where her children go to school. She managed to raise a grand sum of £1,750.00 on the night and has kindly donated to £250 to AMNET funds; £250 to Facial Palsy UK and the remaining £1,250.00 to Clinic 10 (which brings her total raised for Clinic 10 to £5,500.00 now). Well done Ali, and many thanks to all those who have donated their time, effort and funds to AMNET in all sorts of ways.

As members of AMNET, if you feel that you have any suggestions on how our funds should be used, please contact a member of the Committee (see back page) or speak to any one of us at one of our meetings.

Thank you to Janice Pettitt

We are grateful to Janice Pettitt, who has served on the AMNET Committee for some years, after her initial contact in 2006. Janice is not seeking re-election at the AGM. At committee meetings Janice has taken the minutes and produced the agenda, and has made a positive and considered contribution over that time to our committee meetings, as well as attending some Clinic 10 meetings. Fortunately, we are not losing her altogether, as she will stay as a member and will also kindly provide and oversee the refreshments at members meetings, although she cannot attend the forthcoming AGM. (If anyone else would be able to help with refreshment serving, we would welcome more help).

Thank you Janice and we look forward to seeing you back on November 22nd.

Alison Frank, Chairman

Forthcoming Meetings

Summer Meeting and AGM - Saturday 21st June, 2014, with guest speaker **Mr Cornelius Rene,** Ophthalmic and Plastic Surgeon at Addenbrooke's and Hinchingbrooke Hospital. Doors will open at 13.00, the **AGM** will start at 13.30 and be followed by our guest speaker.

Autumn Meeting - Saturday 22nd November, 2014. This will be our **Christmas** Meeting and our speaker will be **Kate Burton**, Consultant Radiographer in Neuro-Oncoclogy, Addenbrooke's Hospital, Cambridge.

Directory

AMNET
W. www.amnet-charity.org.uk
E. contact.amnet@btinternet.com
T. 01953 860692
A. The Old School House, The Green, Old Buckenham, Norfolk, NR17 1RR

British Acoustic Neuroma Association (BANA)
W. www.bana-uk.com
E. admin@bana-uk.com
T. 01623 632143
Fax. 01623 635313
Freephone. 0800 6523143
A. **BANA**, Tapton Park Innovation Centre, Brimington Road, Tapton, Chesterfield, S41 OTZ.

Meningioma UK
W. www.meningiomauk.org
E. support-enquiries@meningiomauk.org (Patient information & support)
meningioma@ellapybus.greenbee.net (Meningioma UK)
T. 01787 374084

The Brain Tumour Charity
W. www.braintumouruk.org.uk
T. 0845 4500386
A. Brain Tumour UK, Tower House, Latimer Park, Chesham, Bucks. HP5 1TU.

Action on Hearing Loss (RNID)
W. www.actiononhearingloss.org.uk
E. informationline@hearingloss.org.uk
T. 0808 808 0123 (Info line - Freephone)
Textline. 0808 808 9000

British Tinnitus Association
W. www.tinnitus.org.uk
E. infor@tinnitus.org.uk
T. 0114 250 9933
Freephone Helpline.T 0800 018 0527
A. Ground Floor, Unit 5, Acorn Business Park, Woodseats Close, Sheffield S8 OTB

Addenbrookes Hospital
Neurotology & Skull Base Surgery Unit
http://www.addenbrookes.org.uk/serv/clin/surg/neurotol_skullbase/surgery_profile1.html

Addenbrooke Hospital, Clinic 10 ENT
T. 01223 217588
Appointments. 01223 216561
Fax.01223 217559

Changing Faces
Support for people with temporary or long term facial disfigurement problems
W. www.changingfaces.org.uk
E. info@changingfaces.org.uk
T. 0845 4500 275

Facial Palsy UK
W. www.facialpalsy.org.uk
E. info@facialpalsy.org.uk
T. 0300 030 9333
A. PO Box 1269, Peterborough, PE**1 9QN**

Entific Medical Systems
Info about bone conducted hearing aids, particularly for single sided deafness.
W. www.entific.com

Cambridgeshire Hearing Help formerly CAMTAD) Website:
www.cambridgeshirehearinghelp.org.uk
E-mail:
enquiries@cambridgeshirehearinghelp.org.uk
T / Text / Fax. 01223 416 141
(Mon - Fri 9.30am - 12.30pm)
A. 8A Romsey Terrace, Cambridge CB1 3NH

BANA Booklets

BANA has produced some booklets which may be of interest:
• A Basic Overview of Diagnosis & Treatment of Acoustic Neuroma • The Facial Nerve & Acoustic Neuroma
• Headache after Acoustic Neuroma Surgery • Eye Care after Acoustic Neuroma Surgery
• Effects an Acoustic Neuroma can have on your memory, emotions, behaviour, executive functioning and energy
• Balance following Acoustic Neuroma
All these booklets are available from Alison Frank The Old School House, The Green, Old Buckenham, Norfolk, NR17 1RR
There is a £2 charge for all books.

Necessary Note

AMNET News is very appreciative of the opportunity to publish items relevant to the interests of acoustic neuroma and meningioma patients. This includes instances where members of AMNET have experienced relief, improvement, difficulties or otherwise and write to us of their experiences in order to pass on information for the interest and possible benefit of other members. However, AMNET cannot endorse proprietary products or be held responsible for any errors, omissions or consequences resulting from the contents of this Newsletter.

AMNET Advisory Panel at Addenbrooke's Hospital, Cambridge

Dr David Baguley MSC MBA Principal Audiological Scientist. Kate Burton Consultant Radiographer in Neuro-Oncology. Indu Bahadur Skull Base Nurse Practitioner. Mr Robert Macfarlane MD FRCS Consultant Neurosurgeon. Mr David Moffat BSc MA FRCS Consultant in Otoneurological & Skull Base Surgery. Ella Pybus Co-director Meningioma UK and Trustee of BTUK. Mr N J C Sarkies MRCP FRCS FRCOphth Consultant Ophthalmic Surgeon.

Chairman-Alison Frank 01953 860692. Treasurer– Carol Clothier 01525 404266
Newsletter Editor– Sally Hardy 01954 231363

Please consider writing for your newsletter. It can be anything you feel will be of interest to members from a few lines to a couple of pages. It all helps to make the newsletter more interesting. Email: sally.hardy3@btinternet.com If you would like to make a contribution please telephone or email me.